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| **BULLETIN D’INSCRIPTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entreprise** | Raison sociale : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Adresse : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Code postal : | | | | | | | | | |  | | | | | | | Ville : | | | |  | | | | | | | | | | |
|  | SIRET : | | | |  | | | | | | | | | | | | | | | | | | | | | **🡨 À renseigner impérativement** | | | | | | |
|  | Code NAF : | | | | | | | |  | | | | | | | | | Effectif : | | | | | |  | | | | | | | | |
|  | Téléphone : | | | | | | | |  | | | | | | | | | email : | | | |  | | | | | | | | | | |
|  | Nom du signataire de la convention : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Formation** | Intitulé : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Inter : | |  | | | | | Intra : | | | | | |  | | | Date début : | |  | | | | | | | | Date fin : | |  | | | |
|  | Nb d'heures : | | | | | | | | |  | | | | | | | Coût net de taxes : | | | | |  | | | | | | | | | | |
| **Participants** | Nom : | | | | | | | | | | | | | | Prénom | | | | | | Email | | | | | | | | | | Date de naissance\* | |
|  |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | |
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| *\* nécessaire en cas de certification ou de formation réglementaire* |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | |
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| **Modalités de financement** |  | Entreprise : (facturation directe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan de développement des compétences | | | | | | | | | | | | | | | | | | |  | | | | | CPF | | |  | | AGEFICE/FIFPL | |  |
|  |  | Organisme payeur : FAF, OPCO, OPACIF… auquel vous aurez adressé votre demande de subrogation et à facturer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Nom de l’organisme : | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Adresse : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Code postal : | | | | | | | | | |  | | | | | | | Ville : | | | |  | | | | | | | | | | |
|  | Téléphone : | | | | | | | | | |  | | | | | | | email : | | | |  | | | | | | | | | | |
|  | Nom du responsable du dossier : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NB : | **JOINDRE UNE COPIE DE LA PRISE EN CHARGE DE L’OPCO (ou nous l’adresser au plus tard le premier jour de la formation) SANS CE DOCUMENT, LA FACTURATION SERA DIRECTEMENT ADRESSEE A L’ENTREPRISE SANS AUCUNE MODIFICATION POSSIBLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *« Le retour de ce bulletin ne vaut pas inscription définitive. Seuls la réception de la convention signée par l’entreprise et l’envoi de la convocation par nos services valident l’inscription. »* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | Bon pour accord | | | | | | | | | | | | | | | | | | | | | | Cachet de l’entreprise | | | | | | | | | |
|  | Nom du signataire : | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
|  | Signature : | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |